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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/720,173
	Filing Date	November 25, 2003
	First Named Inventor	Eun-Bong HAN
	Art Unit	2853
	Examiner Name	L. Liang
Total Number of Pages in This Submission	Attorney Docket Number	102-1003

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Daniel E. Valencia
Signature	
Date	March 16, 2006

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Docket No.: 102-1003

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: 10/720,173

Applicants : Eun-Bong HAN

Confirmation No.: 4330

Filed : November 25, 2003

Group Art Unit: 2853

Customer No. : 38209

Examiner: L. Liang

Title: INKJET PRINTER HEAD DRIVING APPARATUS AND CONTROL METHOD  
THEREOF

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT FEE TRANSMITTAL**

Sir:

Transmitted herewith is an Amendment for the above-identified application.

☐ No additional fee is required

☒ The additional fee has been calculated as shown below:

**CLAIMS AS AMENDED**

	Claims Remaining After Amendment	Highest No. Covered by Previous Payments	Extra	Rate	Additional fee
Total Claims*	31	30	1	\$ 50.00	\$50.00
Independent Claims	4	3	1	\$ 200.00	\$200.00
Multiple Dependent Claims	(If claims added by amendment include Multiple Dependent Claim(s) and there was not Multiple Dependent Claim(s) in application before amendment add \$360.00 to additional fee (\$180.00 for small entity).				\$
Extension of Time Fee: <input type="checkbox"/> One-month; <input type="checkbox"/> Two-months; <input type="checkbox"/> Three-months <input type="checkbox"/> Four-months					\$
TOTAL					\$250.00

\*Includes all independent and single dependent claims and all claims and all claims referred to in multiple dependent claims. See 37 CFR §1.75(c)

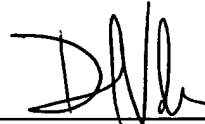
☐ Small entity status is or has been claimed.

Reduced Fees Under 37 C.F.R. §1.9(f) paid herewith \$ \_\_\_\_\_

- ☒ A check in the amount of \$250.00 to cover the extra claims fee is attached
- ☐ Charge fee of \$ \_\_\_\_\_ to Deposit Account No. 502827. A duplicate copy of this sheet is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for filing this amendment, including all fees pursuant to 37 CFR §1.17 for its timely consideration, or credit or any overpayment to Deposit Account No. 502827.

Respectfully submitted,

STANZIONE & KIM, LLP



By: \_\_\_\_\_

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**AMENDMENT**

Sir:

In response to the Office Action mailed December 16, 2005, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 10 of this paper.

03/17/2006 HALI11 00000091 10720173

01 FC:1202 50.00 OP  
02 FC:1201 200.00 OP